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Reply

Re: Meta-analysis of the use of glyceryl trinitrate ointment after haemorrhoidectomy as an analgesic and in promoting wound healing

Dear Editor,

We read this meta-analysis with great interest. The article rightly suggests that excision haemorrhoidectomies are still very widely practised. In the UK alone 10,000 procedures were performed between 2008 and 2009.¹ The authors rightly suggest that pain is a major issue and that this may indeed be caused by internal anal sphincter spasm. Their meta-analysis is useful to provide an evidence based approach to managing symptoms post-operatively especially given their finding of lack of headaches after GTN ointment.² I must however enquire as to whether the authors examined heterogeneity in great detail, which is important given the use of the random effects model. It would have been useful to perform a subgroup analysis on Ferguson and Milligan Morgan haemorrhoidectomies as this may substantially affect pain scores since the literature is conflicting in conclusions related to this comparison.^{3–5} Would this subgroup analysis have achieved a more robust conclusion? Furthermore in relation to pain, Elton et al.⁶ performed a study examining the role of GTN after haemorrhoidectomy. This was a randomised controlled study and its inclusion within this meta-analysis may have led to a significant change in the overall outcome. Although we appreciate that the sample size was small, they reported no difference in pain scores with a 20% headache rate. It was however challenging to obtain the article and our national British Library did not hold it. None-the-less we feel the article

would have completed the statistics performed in this otherwise very well conducted meta-analysis.

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